

DRAFT



DEPARTMENT OF VETERANS AFFAIRS

***VISN X MEDIATION PROGRAM INSTRUCTIONS
REQUEST/CONSENT FOR MEDIATION***

The following REQUEST/CONSENT FOR MEDIATION form should be submitted to the labor management specialist or appropriate management official designated responsible for coordinating such requests, who will take appropriate steps to immediately contact the other party(s) regarding its (their) willingness to participate in mediation.

In the event the opposing parties jointly request mediation, the signed form should be forwarded to the labor management specialist or appropriate management official designated responsible for coordinating such requests.

The labor management specialist or appropriate management official designated responsible for coordinating such requests shall inform both parties regarding the status of the request for mediation.

If either party has any questions regarding the mediation process they may contact, _____ at _____.

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**DEPARTMENT OF VETERANS AFFAIRS
VISN X MEDIATION PROGRAM**



MEDIATION REQUEST/CONSENT FORM

1. The parties and their representatives understand that mediation is a voluntary and confidential process, and that no party shall be bound by anything said or done at the mediation, unless a written settlement agreement is reached and executed by all necessary parties. If a settlement is reached, the agreement shall be reduced to writing by the Mediator(s) and, when signed and approved by the appropriate authorities for all of the parties, the settlement shall be legally binding upon all parties to the agreement.
2. In electing to use mediation, the parties and their representatives understand that they are not waiving statutory deadlines.
3. In the event mediation is terminated for any reason, the aggrieved person may continue to pursue an informal or formal resolution of the matter.
4. The issue(s) for mediation (please describe):

5. Each party involved in this matter is requested to sign the request document and indicate whether they are willing to participate in mediation:

INITIATING PARTY: _____

[NAME, TELEPHONE NUMBER] _____ **DATE** _____

_____ I UNDERSTAND THE ABOVE INFORMATION, AGREE THAT
MEDIATION IS A PROPER WAY TO ATTEMPT TO RESOLVE
THE ISSUE(S), AND AGREE TO PARTICIPATE IN THE
MEDIATION PROCESS.

_____ I UNDERSTAND THE ABOVE INFORMATION, BUT HAVE

DECIDED NOT TO PARTICIPATE AT THIS TIME.

* * * * *

UNION REPRESENTATIVE

(IF APPROPRIATE): _____

[NAME, TELEPHONE NUMBER] _____ **DATE** _____

_____ I UNDERSTAND THE ABOVE INFORMATION, AGREE THAT
MEDIATION IS A PROPER WAY TO ATTEMPT TO RESOLVE
THE ISSUE(S), AND AGREE TO PARTICIPATE IN THE
MEDIATION PROCESS.

_____ I UNDERSTAND THE ABOVE INFORMATION, BUT HAVE
DECIDED NOT TO PARTICIPATE AT THIS TIME.

* * * * *

OTHER PARTY: _____

[NAME, TELEPHONE NUMBER]
_____ **DATE** _____

_____ I UNDERSTAND THE ABOVE INFORMATION, AGREE THAT
MEDIATION IS A PROPER WAY TO ATTEMPT TO RESOLVE
THE ISSUE(S), AND AGREE TO PARTICIPATE IN THE
MEDIATION PROCESS.

_____ I (WE) UNDERSTAND THE ABOVE INFORMATION, BUT
HAVE DECIDED NOT TO PARTICIPATE AT THIS TIME.

OTHER PARTY REPRESENTATIVE

(IF APPROPRIATE): _____

[NAME, TELEPHONE NUMBER]
_____ **DATE** _____

_____ I UNDERSTAND THE ABOVE INFORMATION, AGREE THAT
MEDIATION IS A PROPER WAY TO ATTEMPT TO RESOLVE
THE ISSUE(S), AND AGREE TO PARTICIPATE IN THE
MEDIATION PROCESS.

_____ I UNDERSTAND THE ABOVE INFORMATION, BUT HAVE
DECIDED NOT TO PARTICIPATE AT THIS TIME.

* * * * *

OTHER PARTY

(IF APPROPRIATE): _____

[NAME, TELEPHONE NUMBER] _____ **DATE** _____

_____ I UNDERSTAND THE ABOVE INFORMATION, AGREE THAT
MEDIATION IS A PROPER WAY TO ATTEMPT TO RESOLVE
THE ISSUE(S), AND AGREE TO PARTICIPATE IN THE
MEDIATION PROCESS.

_____ I UNDERSTAND THE ABOVE INFORMATION, BUT HAVE
DECIDED NOT TO PARTICIPATE AT THIS TIME.